



**World Health
Organization**

Right to Health in Gaza

Humanitarian Issues

Legal duty-bearers

- *Israel as the occupying power is responsible for the welfare of the population it controls, including access to health, under international humanitarian law.*
- *The Palestinian Authority*
- *The de facto government and the MoH in Gaza*
- *The humanitarian and donor community*

Public health care system

- 13 MoH hospitals (2/3rds of hospital beds in Gaza)
- 54 MoH primary health care centers
- 8,153 MoH workforce (including 1,600 MDs, 600 specialists, 1,600 nurses)
- 176,198 MoH hospital admissions
- 957,725 MoH ER visits
- 533,841 MoH outpatient visits
- 31% of essential drugs = zero stock
- 14,910 MoH patients referred outside
- 2 exits/entrances to Gaza Strip for patients with limited access

WHO, oPt office

Tel: +972-2-581-0193

www.emro.who.int/countries/pse
advocacy@who-health.org

June 10, 2014

Health context

Access to health for 1.7 million Palestinians in Gaza, 70% of whom are refugees, is dependent on a complex interrelation of social and political determinants, in which many parties, including foreign governments, play a role.

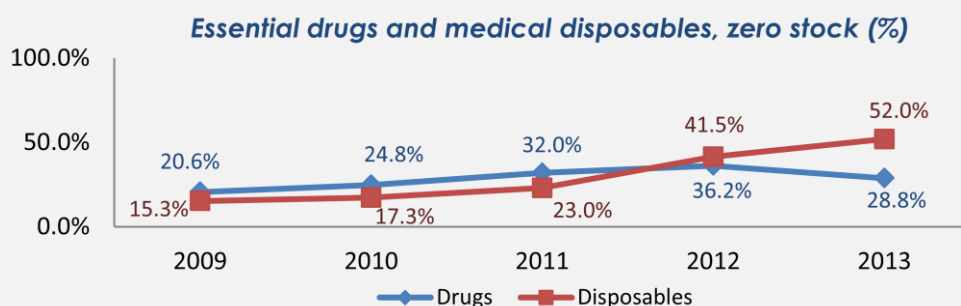
The impact of occupation accumulates on the health and well-being of the growing population, and more recent changes alter the context: the total closure and isolation of Gaza since 2007, the political split in the Palestinian Authority, and regional political changes which have reduced coping mechanisms. Other constraints are frequent periods of political crises, vulnerability to military attacks and unstable supply systems, arbitrary restrictions on movement of people and goods entering/exiting Gaza from Israel and Egypt, and weak public sector and aid dependency.

Humanitarian needs are different in Gaza than in other crisis situations and responses should focus on both short-term and long-term interventions by all duty-bearers to eliminate barriers to health, especially relating to access.

Patient access to quality health care in Gaza

The health care system in Gaza has limited capacity to fully meet the needs of the 1.7 million population due to poor underlying determinants of health such as closed borders, economic sanctions and periodic outbreaks of violence which hinder health system functioning. Health-specific determinants such as lack of quality and quantity of resources, attitudes, knowledge and skills also affect health care. The shortage of essential medicines has been a chronic problem for the PA and Gaza Ministry of Health that seriously affects the quality of life for patients. All of these deficiencies force an increase in referrals to outside hospitals, at high cost to the Palestinian Authority:

- Low number of specialized health professionals in workforce
- Lack of upgrading of knowledge and skills of health professionals due to access restrictions on travel and visiting medical delegations
- Chronic, serious shortages of fuel, drugs and medical disposables
- High occupancy rate in hospitals
- Lack of adequate communication, respect for patients' rights, supervision and reporting procedures and follow-up of complaints



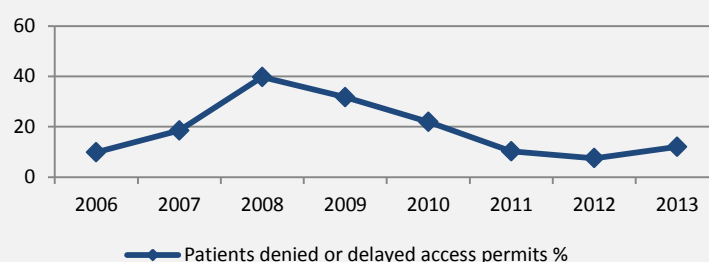
Patient access through Erez/Israel crossing

Patients from Gaza and the West Bank are referred outside their region by the MoH or private physicians for treatment not available locally.

In Gaza, patients must submit a permit application at least 10 days in advance of their hospital appointment to allow for Israeli processing. Documents are reviewed first by the health coordinator but final decisions are made by security officials. Permits can be denied for reasons of security, without explanation; decisions are often delayed. In 2013, 40 patients were denied and 1,616 were delayed travel through Erez crossing to access hospitals in East Jerusalem, Israel, the West Bank and Jordan past the time of their scheduled appointment. If a patient loses an appointment they must begin the application process again. Delays interrupt the continuity of medical care and can result in deterioration of patient health.

Companions (mandatory for children) must also apply for permits. A parent accompanying a child is sometimes denied a permit, and often both parents, and the family must arrange for a substitute, a process which delays the child's treatment.

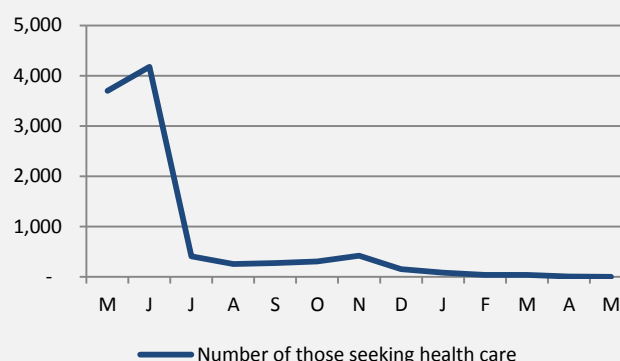
Gaza patients denied or delayed access permits through Erez, 2006-2013 (%)



Patient access through Rafah/Egyptian border

Rafah border crossing has been subject to openings and closing depending on the political situation and policy changes by both Egypt and Israel during that period. Since July 2013, when Egypt closed the border except for 'exceptional humanitarian need', the number of patients dropped 95%, from 4,125 per month to 305 per month. Patients had been about 20% of all travellers but their priority dropped with the closure to only 5% of travellers. In early 2014, less than 50 patients per month have been able to cross on the few days the border is open. In April only 7 patients could cross.

Patients seeking health care access through Rafah terminal to Egypt (March 2013-May 2014)



The closure has also halted medical missions and supply of donated medicines to the MoH via Rafah; only one shipment from Egypt was received over the past 10 months.

Referral patients died before accessing care

In March three Gaza patients died while waiting to access health care destinations via Erez and Rafah:

- Asia, a 28-year-old heart patient, died hours after appearing for a security interview by the Israeli GSS as a condition to process her permit application to travel through Erez checkpoint. She had been denied a permit in September 2013.
- Naifa, a 64-year-old breast cancer patient, died after waiting 6 weeks travel through Rafah terminal to continue her treatment in Egypt.
- A 3-month-old infant with a congenital heart condition who had been sponsored for surgery in Istanbul died after waiting 6 weeks for access via Egypt to Turkey.